

Massachusetts Department of Early Education and Care
Grant Application

I. CONTACTS, PROJECT INFORMATION, BUDGET

APPLICANT INFORMATION

Name of Applicant Organization: _____

Name of Organization with ECE and/or OST License: _____

Address: _____

Contact Person: _____

Title: _____

Phone #: _____ Fax #: _____

E-mail: _____

Amount Requested: _____

Date Submitted: _____

EXECUTIVE DIRECTOR INFORMATION

Name of Executive Director: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

PROJECT INFORMATION

Name of Project: _____

Municipality: _____

Address: _____

Project Description (Please provide a brief narrative describing the proposed project):

Project Description (check all that apply):

- ☐ New Construction
- ☐ Rehabilitation (Construction)
- ☐ Acquisition
- ☐ Design
- ☐ Renovation (Construction)

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Ownership (please check one):

☐ Owned

☐ Leased

Landlord Type (please check one):

☐ Non-Profit

☐ For-Profit

☐ Municipality

☐ Other (Specify) _____

Lease Term: _____

Date lease expires: _____

Total Development Cost: _____

Total Square Feet: _____

Cost/Sq. Ft.: _____

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PROPOSED PROJECT FINANCING

Fill in the following uses and sources chart. In the status field, indicate the status of each source (P=Proposed; L=Letter of Interest; A=Application Pending; C=Commitment).

Uses	Amount	Sources	Amount	Status
Acquisition		Long Term Debt (Source: _____)		
Construction		Amortizing Debt (Source: _____)		
Design		Federal Funds (Source: _____)		
Soft Costs		Federal Funds (Source 2: _____)		
Furnishings/Equipment		Equity		
Refinance		Capital Campaign		
Developer Fee/Overhead		State Funds - EEOST Capital Fund		
Other (_____)		State Funds (Source 1: _____)		
		State Funds (Source 2: _____)		
		Local Funds (Source 1: _____)		
		Local Funds (Source 2: _____)		
		Private Funds (Source: _____)		
		Other (_____)		
Total Uses:	\$ -	Total Sources:	\$ -	

EEOST CAPITAL GRANT REQUEST

Grant Uses	Amount
Acquisition	
Design	
Construction & Rehabilitation	
Pre-development/Soft Cost for the project	
Total EEOST Request	\$ -

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II. ORGANIZATIONAL INFORMATION

1. Are you a 501(c)3 non-profit organization? ☐ Yes ☐ No
(Include IRS Letter in application)
2. Are you a Massachusetts Corporation formed under M.G.L. Chapter 180? ☐ Yes ☐ No
(Include Articles of Incorporation in application)
3. If this organization is a subsidiary of another corporation, please note the legal name of the parent corporation and Articles of Incorporation.

4. What year did your organization begin providing Early Care and Education and/or Out-of-School Time (ECE and/or OST) services? _____ (year only)
5. Do you provide ECE and/or OST only or are you a multi-service organization?
☐ ECE and/or OST only ☐ Multi-service organization
 - a. Do you provide full time year round ECE care? ☐ Yes ☐ No
 - b. Do you provide School Age wrap around care? ☐ Yes ☐ No
 - c. Provide description of organization:

6. Is your organization minority-managed? (A minority-managed organization is one in which the chief professional officer and at least 50% of the Board are minorities.)
☐ Yes ☐ No
7. Is your organization women-managed? (A women-managed organization is one in which the chief professional officer and at least 50% of the Board are women.)
☐ Yes ☐ No

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8. For multi-site programs, please list the sites where large group and/or school age care is provided by your organization. Include the site name, street address, and municipality.

Please fill in the “Grant Application Addendum: Slot Chart Form for Additional Sites” (page 29 of this application) for each ECE or OST site in addition to the site of the proposed project to be completed below.

9. Please fill in the following grid for the **PROPOSED PROJECT SITE**. Children who are not in an EEC or Head Start slot, but whose families are eligible for child care subsidies and receiving other public subsidies should be listed in Question 10 on the following page. That data will be included in the final calculation on the % of children eligible for public subsidy in your program. If your organization proposes an expansion in the number of available slots, please prepare the grid based on expansion plans.

SITE NAME: _____

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	Totals
1. Licensed Capacity					0
2. Total # of EEC contract & and Head Start contract slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarship slots					0
5. Current full tuition slots					0
6. Total current slots (#3+#4+#5)	0	0	0	0	0
7. % of total slots on public subsidy (#3 divided by #6)	#DIV/0!			#DIV/0!	#DIV/0!

Note: All pink fields are auto-calculations.

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Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	Totals
Number of slots that will be improved by the proposed project					0
Number of slots that will be added by the proposed project					0
If your program is losing its current site, indicate the number of slots that will be preserved by relocating to another site					0

10. Please fill in the following grid for children in your program who receive **OTHER PUBLIC SUBSIDIES** but are not currently in an EEC or Head Start slot. **Please count each child only once.**

Children (family) receiving another public subsidy including:

- On the wait list for an EEC subsidy or for Head Start
- Transitional Aid to Families with Dependent Children (TAFDC)
- Supplemental Security Income Benefits or Social Security Disability Income Benefits
- Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Reside in or on the waitlist for Section 8 housing subsidy or Public Housing Authority
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid and/or Children's Health Insurance Program (CHIP)
- Family claiming Earned Income Tax Credit
- Homeless Families

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SITE NAME: _____

Children (family) eligible for another public subsidy including:	Infants	Toddlers	Preschool	Out-of-School Time	Totals
Total number of children whose families are eligible for public subsidy and not currently receiving child care via a Contract Slot or Voucher*					0

*You must have documentation available for families receiving other public subsidies and be able to document the subsidy, if awarded the grant and maintain on file each year for the term of the grant.

11. How many (if any) children will the PROPOSED PROJECT SITE serve of the following special populations? (Numbers served in each category may be duplicative, i.e. a homeless African-American child should be counted in both the “Non-White” and “children of homeless families” categories.)

Non-White Children
 Children of Homeless Families
 Children of Teenage Parents
 Children with Special Needs
 Children whose first language is not English

12. What is the licensing status of the proposed site?

☐ Licensed – Provide Date: _____
☐ License Application Pending

13. What is the accreditation status of the proposed project site?

☐ Accredited
☐ In process
☐ Not involved in accreditation

Please describe and list accrediting organization:

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14. Are other sites accredited by the Council on Accreditation (COA)? ☐ Yes ☐ No
15. Are other sites accredited by the National Association for the Education of Young Children (NAEYC) or National Afterschool Association (NAA) ? ☐ Yes ☐ No
16. At what level did you assess the proposed site in the QRIS application and self-assessment submitted to EEC? Please select only one response.
- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Level 4
17. At what QRIS level did EEC verify the proposed site? Please select only one response.
- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Level 4
18. If you have not participated in QRIS yet for the proposed project site, then at what QRIS level did you assess your current site or sites.
- ☐ # of sites at Level 1
- ☐ # of sites at Level 2
- ☐ # of sites at Level 3
- ☐ # of sites at Level 4
19. If you have received notification from EEC regarding QRIS ratings, please indicate the EEC verified QRIS levels for the site(s):
- ☐ # of sites at Level 1
- ☐ # of sites at Level 2
- ☐ # of sites at Level 3
- ☐ # of sites at Level 4

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III. PROJECT OVERVIEW

1. **Site Description:** Please describe the property including the site's appropriateness for an ECE and/or OST program. For buildings include information on the lot size, number of buildings, number of floors, square footage and type of construction. For vacant lots include information on the lot size.

2. **Zoning:** Does project conform to existing zoning requirements? If not, provide information related to the necessary variances.

Date of application for variances: _____

3. **Environmental:** Identify environmental reviews/assessments to be undertaken.

Please attach site assessments performed (if available). If not available, when will those be completed? _____

Renovation

4. **Scope of Renovation or Improvement:** Briefly describe substandard conditions and structural deficiencies to be repaired, major systems to be replaced, other, etc.

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New Construction

5. **Scope of New Construction:** Briefly describe site conditions to be addressed, new buildings, systems and outdoor play areas to be constructed, other, etc.

6. **Cost Estimates:** Please explain how cost estimates were derived. Please give estimated per square foot cost.

7. **Relocation:** Will any services in the existing buildings be relocated or displaced?

☐ Yes ☐ No

If yes, please describe the reason for relocation.

8. **Sustainable and Healthy Development Considerations:** Please provide the following information on whether the proposed project is consistent with the following Sustainable and Healthy Development principles:

- ☐ Building Materials/Systems promote healthy and comfortable interior environments
☐ Furnishing/Equipment promote healthy and comfortable interior environments
☐ Minimize negative impact on environment
☐ Preserve and restore natural outdoor environments
☐ Promote clean energy
☐ Protect land and ecosystems
☐ Sustainable and healthy site selection
☐ Use natural resources wisely

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IV. PROJECT FEASIBILITY

1.a) **If you own the property**

Describe how long the organization has owned the property, including the date of purchase.

Please attach a copy of the Deed for the property.

1.b) **If you are purchasing the property**

Site Control: Describe status of ownership or plan to acquire site control.

If site control has been established, what form of site control do you have?

Type of Agreement: _____

Agreement Date: _____

Expiration Date: _____

Purchase Price: _____

Name of Seller: _____

Please attach a copy of the Purchase and Sale Agreement.

Is there any identity of interest between the buyer and seller? __Yes __No

If yes, please describe.

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1.c) **If you are leasing the property**

Site Control: Describe the lease term.

If site control has been established, what form of site control do you have?

Type of Agreement: _____

Agreement Date: _____

Expiration Date: _____

Please attach a copy of the Lease.

Is there any identity of interest between the landlord and tenant? __Yes __No

If yes, please describe.

2. **Financing Plan:** Please describe funding sources you will seek for this project, the status of each funding source, when you plan to apply, and a backup plan if any.

3. **Community Process:** Please describe any anticipated or completed community process related to the project. Identify areas of anticipated or identified support/opposition.

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4. **Local Support:** Please describe, if any, municipal or other local commitment to the project.

Please attach Letters of support.

5. **Market Analysis:** Please describe the market for an ECE and/or OST program in this location.

Has a professional market study been completed for target area? __Yes __No

If yes, please attach.

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V. ACQUISITION & LEASE INFORMATION

Purchased Property

1. **Proposed Purchase Price:**

Land/Buildings	
Municipal Obligations	
Other Liens	
Total	\$ -

Please explain any outstanding municipal obligations or other liens.

Justification of Proposed Purchase Price: Attach documentation such as appraisal, recent sales history, recent comparables, or broker's opinion.

2. **Interim Operating Costs:**

Taxes	
Insurance	
Utilities	
Security	
Interest	
Relocation	
Other 1 (_____)	
Other 2 (_____)	
Total	\$ -

Sources (please explain how you propose to pay the interim operating costs):

3. **Title Survey:** Has a title rundown been conducted for the property? __Yes __No

If yes, please attach a statement identifying any title flaws or encumbrances on the property and describe the planned remedy.

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Leased Property

4. **Annual Lease Cost:**

Land/Buildings	
Other Liens	
Total	\$ -

5. **Interim Operating Costs:**

Insurance	
Utilities	
Security	
Relocation	
Other 1 (_____)	
Other 2 (_____)	
Total	\$ -

Sources (please explain how you propose to pay the interim operating costs):

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VI. Development Schedule

Site Control

Start Date: _____ End Date: _____

Submission of Financing Applications

Start Date: _____ End Date: _____

Receipt of Financing Commitments

Start Date: _____ End Date: _____

Acquisition of Property

Start Date: _____ End Date: _____

Regulatory and Zoning Reviews & Approvals

Start Date: _____ End Date: _____

Building Permit

Start Date: _____ End Date: _____

Construction Start

Start Date: _____ End Date: _____

Construction Completion

Start Date: _____ End Date: _____

Full Enrollment

Start Date: _____ End Date: _____

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VII. SOURCES AND USES OF FUNDS

SOURCES OF FUNDS

Permanent Sources

Capital Campaign	
Developer's Fee/Overhead	
Other Source (_____)	
Total Private Equity	\$ -

Public Equity:

EEOST Capital Fund	
Other Source 1 (_____)	
Other Source 2 (_____)	
Total Public Equity	\$ -

Permanent Debt (senior):

Lender	Rate (%)	Amort (yrs)	Term (yrs)	Annual Debt Service	Loan Amount
				Total Permanent Senior Debt	\$ -

Subordinate Debt:

Source	Rate (%)	Amort (yrs)	Term (Yrs)	Loan Amount
			Total Subordinate Debt	\$ -

Total Permanent Sources	\$ -
--------------------------------	-------------

Note: All pink fields are auto-calculations.

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Construction Period Financing

Construction Loan:

Source	Rate (%)	Term (mos)	Loan Amount

Construction Period Equity:

Source	Rate (%)	Term (mos)	Loan Amount

Other Interim Loan:

Source	Rate (%)	Term (mos)	Loan Amount

**Total Construction
Period Financing**

\$ -

Please attach letters of interest from funding sources.

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USES OF FUNDS

Development Budget:

Acquisition	
Direct Construction	
Construction Contingency	
Subtotal: Construction	\$ -
Architectural & Engineering	
Project Manager	
Capital Campaign Consultant	
Environmental Analysis	
Survey and Permits	
Legal	
Title & Recording	
Development Consulting	
Appraisal	
Construction Loan Interest	
Clerk of the Works	
Real Estate Taxes	
Insurance	
Accounting & Cost Certification	
Relocation	
Security	
Inspections	
Fees to:	
Fees to:	
Other Financing Fees	
Other:	
Other:	
Soft Cost Contingency	
Subtotal General Development	\$ -
Capitalized Reserves	
Developer Fee/Overhead (5% maximum)	
Total Development Cost	\$ -

Note: All pink fields are auto-calculations.

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VIII. DEVELOPMENT TEAM

For each team member listed, please indicate whether the organization is a minority business enterprise (MBE) – one in which the chief professional officer and at least 50% of the Board are minorities, or a women business enterprise (WBE) – one in which the chief professional officer and at least 50% of the Board are women.

APPLICANT:

Name of Applicant: _____

Address: _____

Name of Executive Director/President: _____

Telephone: _____ Email: _____

Name of Chief Financial Officer: _____

Telephone: _____ Email: _____

MBE? __ Yes __ No WBE? __ Yes __ No

DEVELOPER (if different from Applicant):

Name: _____

Address: _____

Contact Person: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____

MBE? __ Yes __ No WBE? __ Yes __ No

OTHER DEVELOPMENT PARTNER:

Name: _____

Address: _____

Contact Person: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____

MBE? __ Yes __ No WBE? __ Yes __ No

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ARCHITECT:

Name: _____
Address: _____
Contact Person: _____
Title: _____
Telephone: _____ Fax: _____
E-mail: _____
MBE? __ Yes __ No WBE? __ Yes __ No

ATTORNEY:

Name: _____
Address: _____
Contact Person: _____
Title: _____
Telephone: _____ Fax: _____
E-mail: _____
MBE? __ Yes __ No WBE? __ Yes __ No

CAPITAL CAMPAIGN CONSULTANT:

Name: _____
Address: _____
Contact Person: _____
Title: _____
Telephone: _____ Fax: _____
E-mail: _____
MBE? __ Yes __ No WBE? __ Yes __ No

DEVELOPMENT CONSULTANT:

Name: _____
Address: _____
Contact Person: _____
Title: _____
Telephone: _____ Fax: _____
E-mail: _____
MBE? __ Yes __ No WBE? __ Yes __ No

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GENERAL CONTRACTOR:

Name: _____
Address: _____
Contact Person: _____
Title: _____
Telephone: _____ Fax: _____
E-mail: _____
MBE? ☐ Yes ☐ No WBE? ☐ Yes ☐ No

PROJECT MANAGER:

Name: _____
Address: _____
Contact Person: _____
Title: _____
Telephone: _____ Fax: _____
E-mail: _____
MBE? ☐ Yes ☐ No WBE? ☐ Yes ☐ No

OTHER CONSULTANT:

Name: _____
Address: _____
Contact Person: _____
Title: _____
Telephone: _____ Fax: _____
E-mail: _____
MBE? ☐ Yes ☐ No WBE? ☐ Yes ☐ No

Please attach resumes for development team members.

Consultant Selection:

Please attach a statement that describes the process which the applicant proposes to use (or has used) in selecting consultants to provide development assistance. Please note: Engaging highly qualified architects, engineers and contractors with successful experience in ECE and/or OST center design and construction is required.

Have you solicited participation of minority and women owned construction companies or development team members for the proposed project. ☐ Yes ☐ No

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IX. GENERAL DEVELOPMENT COSTS BUDGET

Item	Total Cost Prior to Closing	Requested from EEOST Capital Fund	Committed/Projected from Other Sources
Appraisal			
Architectural			
Capital Campagin			
Development Consultant			
Engineering			
Legal Fees			
Project Manager			
Other Consultants			
<u>Application Fees</u>			
Zoning			
Financing			
Permitting			
Other Fees:			
Site Control			
Developer Fee			
Other:			
Total	\$ -	\$ -	\$ -

Note: All pink fields are auto-calculations.

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X. PROPOSED USE OF FUNDS

Please attach additional pages as necessary.

1. Type of Project (please select all that apply):

- ☐ Acquisition of real property
- ☐ Repair, rehabilitation, and/or renovation of an existing site
- ☐ Construction/design of a new site
- ☐ Soft costs directly related to development of the facility
- ☐ Other: _____

2. Describe the need for this project and the expected benefit for your community. Describe why you need to increase capacity and/or improve the quality of your program, including licensing compliance, health or safety concerns, accreditation and QRIS. Why do you need capital funds to meet these needs?

3. How has the project been planned to date? Who has participated?

4. Describe the grant amount requested. This figure should be consistent with the EEOST Capital Fund's guidelines.

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XI. FINANCIAL PLANNING

NOTE: If you are a multi-service organization, please make sure that answers to questions about financial planning, loan history and litigation refer to your entire organization, not just the ECE and/or OST program.

1. Please check which statements your organization prepares and how often:

Balance Sheet

- ☐ Monthly
☐ Quarterly
☐ Yearly
☐ Do Not Prepare

Income Statement

- ☐ Monthly
☐ Quarterly
☐ Yearly
☐ Do Not Prepare

Cash Flow Projections

- ☐ Monthly
☐ Quarterly
☐ Yearly
☐ Do Not Prepare

Other (please specify: _____)

- ☐ Monthly
☐ Quarterly
☐ Yearly
☐ Do Not Prepare

2. Who prepares these financial statements?

Name: _____

Title: _____

Telephone: _____ Email: _____

Is this person on staff? ☐ Yes ☐ No Is this person a contractor? ☐ Yes ☐ No

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3. Does your board review these financial statements? __Yes __No
How frequently? _____
4. Does your board track and monitor cash flow? __Yes __No
How frequently? _____
5. Are your financial statements prepared on a cash or an accrual basis? __cash __accrual
6. What is your fiscal year? (i.e., July 1-June 30; January 1-December 31)

7. Who audits your financial statements? (Note: If your budget is over \$500,000, you are required to submit audited statements.) How often are you audited? When was the last audit?

8. Does your organization receive sufficient Federal Funding that the agency has a Federal Funds audit under Circular A-133? __Yes __No

If yes (your organization is audited), did the auditor issue a management letter?
__Yes __No
9. Does your organization currently have any outstanding debt with the Internal Revenue Service and/or the MA Dept. of Revenue? __Yes __No
If yes, please explain.

10. Has your organization ever been assessed a penalty by the IRS and/or the MA Dept. of Revenue? __Yes __No

If so, when? _____

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11. Is your organization currently involved in any litigation or has it been involved in any litigation in the past year? ☐ Yes ☐ No

If so, please describe.

12. Has your organization borrowed money previously? ☐ Yes ☐ No

If so, please describe how much was borrowed, including any mortgages, for what purpose and from whom. Were there any problems encountered during the course of any of these loans?

Lender 1: _____

Amount Borrowed: _____ Date Loan Began: _____

Purpose/Type of Loan: _____

Interest Rate: _____ Monthly Payment: _____

Due Date: _____ Current Balance: _____

Were there any problems encountered during the course of this loan?

☐ Yes ☐ No

Please explain.

Lender 2: _____

Amount Borrowed: _____ Date Loan Began: _____

Purpose/Type of Loan: _____

Interest Rate: _____ Monthly Payment: _____

Due Date: _____ Current Balance: _____

Were there any problems encountered during the course of this loan?

☐ Yes ☐ No

Please explain.

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Lender 3: _____

Amount Borrowed: _____ Date Loan Began: _____

Purpose/Type of Loan: _____

Interest Rate: _____ Monthly Payment: _____

Due Date: _____ Current Balance: _____

Were there any problems encountered during the course of this loan?

☐ Yes ☐ No

Please explain.

Lender 4: _____

Amount Borrowed: _____ Date Loan Began: _____

Purpose/Type of Loan: _____

Interest Rate: _____ Monthly Payment: _____

Due Date: _____ Current Balance: _____

Were there any problems encountered during the course of this loan?

☐ Yes ☐ No

Please explain.

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Grant Application Addendum

Slot Chart Form for Additional Sites listed in II. 8.

Please complete a separate form for each ECE or OST site managed by your organization in addition to the site of the proposed project.

SITE NAME: _____

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	Totals
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarship slots					0
5. Current full tuition slots					0
6. Total current slots (#3+#4+#5)	0	0	0	0	0
7. % of total slots on public subsidy (#3 divided by #6)	#DIV/0!			#DIV/0!	#DIV/0!

SITE NAME: _____

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	Totals
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarship slots					0
5. Current full tuition slots					0
6. Total current slots (#3+#4+#5)	0	0	0	0	0
7. % of total slots on public subsidy (#3 divided by #6)	#DIV/0!			#DIV/0!	#DIV/0!

Note: All pink fields are auto-calculations.

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SITE NAME: _____

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	Totals
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarship slots					0
5. Current full tuition slots					0
6. Total current slots (#3+#4+#5)	0	0	0	0	0
7. % of total slots on public subsidy (#3 divided by #6)	#DIV/0!			#DIV/0!	#DIV/0!

SITE NAME: _____

Age Groups Served	Infants	Toddlers	Preschool	Out-of-School Time	Totals
1. Licensed Capacity					0
2. Total # of EEC contract & voucher and Head Start slots					0
3. Current public subsidies slots (EEC + Head Start) filled					0
4. Current scholarship slots					0
5. Current full tuition slots					0
6. Total current slots (#3+#4+#5)	0	0	0	0	0
7. % of total slots on public subsidy (#3 divided by #6)	#DIV/0!			#DIV/0!	#DIV/0!